



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 122200001

CITY OR TOWN SOUTHWICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LOUIE B'S, INC

DOING BUSINESS A LOUIE B'S

ADDRESS 101 POINT GROVE RD.

CITY/TOWN: SOUTHWICK

STATE: MA

ZIP CODE: 01077

MANAGER: RIVERA, WILLIAM TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ALTER BY EXTENDING THE RESTAURANT 2700 SQ FT FOR A DECK IN THE BACK.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 122200002

CITY OR TOWN SOUTHWICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NORA'S RESTAURANT INC.

DOING BUSINESS AS NORA'S

ADDRESS 106 POINT GROVE ROAD

CITY/TOWN: SOUTHWICK

STATE: MA

ZIP CODE: 01077

MANAGER: RIVERA, WILLIAM TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

APPROX. 3180 SQ. FT. TWO STORIES. FIRST FLOOR, BAR, DINING ROOM AND KITCHEN, FOUR ENTRANCES/EXITS. ONE FRONT, ONE REAR AND TWO SIDES. RESTROOMS ONE MEN'S ROOM ONE LADIES ROOM, ONE UNISEX HANDICAP RESTROOM. ALL PUBLIC RESTROOMS ON FIRST FLOOR. MAIN ENTRANCE IS HANDICAP ACCESSIBLE. SECOND FLOOR HAS ADDITIONAL DINING AREA, PRIVATE OFFICE, PRIVATE RESTROOM, AND AN EMERGENCY EXIT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 122200003

CITY OR TOWN SOUTHWICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KAYDUB, INC.

DOING BUSINESS A SOUTHWICK INN

ADDRESS 479-81 COLLEGE HIGHWAY

CITY/TOWN: SOUTHWICK

STATE: MA

ZIP CODE: 01077

MANAGER: STEINBERG,  
JESSICA LYNN

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

WEST SIDE OF COLLEGE HIGHWAY, NORTH SIDE OF GRANVILLE RD. AT INTERSECTION OF SAID HIGHWAYS TO INCLUDE AN ADDITIONAL 26 FT. X 37 1/2 FT. ADDED TO THE REAR OF TH EXISTING BLDG.ON BOTH THE FIRST AND SECOND FL. ONE ENT/EXIT IN FRONT OF BLDG.ONE ENT/EXIT ON NORTH AND SOUTH OF BLDG. AND ONE ENT./EXIT IN REAR OF BLDG.SERVING ON BOTH LEVELS OF A TWO STORY BLDG.INCLUDING PORCHES AND A PATIO. A PORCH ON THE NORTH SIDE,APPROX 350 SQ. FT. AND A SECOND FIRST LDOOR WRAP AROUND PORCH APPROX.436 SQ. FT. A PATIO EXTENDING OFF OF THE FIRST FLOOR PORCH APPROX 14 FT. X 32 FT.SECOND FLOOR WRAP AROUND PORCH APPROX. 400 SQ. FT. ON EASTERLY/SOUTHERLY SIDES OF THE BLDG.

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 122200004

CITY OR TOWN SOUTHWICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: STATE LINE STATION INC.

DOING BUSINESS AS

ADDRESS 4 COLLEGE HIGHWAY

CITY/TOWN: SOUTHWICK

STATE: MA

ZIP CODE: 01077

MANAGER: BARRY, LYDIA A. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

EASTERLY ON COLLEGE HIGHWAY AT MA/CT LINE IN A TWO- STORY FRAME BUILDING.  
THREE ROOMS ON FIRST FLOOR, WITH ENTRANCES AND EXITS AS FOLLOWS: TWO IN  
FRONT, ONE ON SIDE AND ONE IN BACK.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 122200005

CITY OR TOWN SOUTHWICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: V.F.ROMA ITALIAN CUISINE INC.

DOING BUSINESS A ROMA RESTAURANT

ADDRESS 561 COLLEGE HIGHWAY

CITY/TOWN: SOUTHWICK

STATE: MA

ZIP CODE: 01077

MANAGER: DIBENEDETTO,  
LUIGI

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR BRICK AND BLOCK BUILDING, 2 ROOMS AND BANQUET ROOM, TAKE OUT ROOM, BASEMENT FOR STORAGE, 2 ENTRANCES AND EXITS, 10,466 TOTAL SQUARE FOOTAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 122200006

CITY OR TOWN SOUTHWICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: E.E.G. CORP.

DOING BUSINESS AS THE CANDLEWOOD INN

ADDRESS 739 COLLEGE HIGHWAY

CITY/TOWN: SOUTHWICK

STATE: MA

ZIP CODE: 01077

MANAGER: DEXTER, DIANNA TYPE OF LICENSE: Restaurant  
A.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

WESTERLY ON COLLEGE HIGHWAY IN A TWO-STORY FRAME BUILDING, THREE ROOMS ON FIRST FLOOR, SIX ROOMS ON SECOND FLOOR, REAR AND SIDE ENTRANCES, BASEMENT AND SECOND FLOOR FOR STORAGE. ALTERED PREMISES TO INCLUDE 18 HOLE GOLF COURSE INTO SERVING AREA, TOTAL 113.88 EXEMPTING FORESTED AREAS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 122200008

CITY OR TOWN SOUTHWICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SCUDERI'S INC.

DOING BUSINESS AS CRABBY JOE'S TAVERN

ADDRESS 141 CONGAMOND ROAD

CITY/TOWN: SOUTHWICK

STATE: MA

ZIP CODE: 01077

MANAGER: Scudieri, Patricia A TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR FIVE ROOMS, CELLAR IS ONE ROOM WITH BAR EXTENDING THE DINING ROOM AREA 600SQ FT IN THE BACK FOR A TOTAL OF 10,427 SQFT WHICH INCLUDES 3 DECKS AND 1 TERRACE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 122200009

CITY OR TOWN SOUTHWICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: AMERICAN LEGION SOUTHWICK POST#338 INC.

DOING BUSINESS AS

ADDRESS 46 POWDER MILL RD

CITY/TOWN: SOUTHWICK

STATE: MA

ZIP CODE: 01077

MANAGER: AVERY, KENNETH TYPE OF LICENSE: Veterans club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

INCREASE IN SERVING AREA TO 2,040 SQ.FT. TO ENCOMPASS A FENCED OFF SECTION FOR OUTDOOR SERVING.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 122200010

CITY OR TOWN SOUTHWICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE OLDE FARM GOLF CLUB LLC

DOING BUSINESS AS THE RANCH GOLF CLUB

ADDRESS 100 RANCH CLUB RD

CITY/TOWN: SOUTHWICK

STATE: MA

ZIP CODE: 01077

MANAGER: STEPAMSR, DAVID TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THE AREA COVERS 7,200 SQFT. INCLUDING A FENCED COURT YARD. THE NORTH BARN PAVILION AREA AND A FENCED IN LAWN AREA. THE NEW NET TOTAL SQFT. WOULD BE 10,200 SQFT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 122200011

CITY OR TOWN SOUTHWICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PMT ,INC

DOING BUSINESS A BREW TOO

ADDRESS 157 FEEDING HILLS ROAD

CITY/TOWN: SOUTHWICK

STATE: MA

ZIP CODE: 01077

MANAGER: TANGREDI,  
PATRICIA M.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 STORY BLDG. W/ 3 RMS. ON 1ST FLOOR, 5 RMS. ON 2ND FLOOR, PICNIC GROVE & 858 SF DECK.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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Please Check Below:

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LOCAL LICENSING AUTHORITY

By:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 122200012

CITY OR TOWN SOUTHWICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Tucker's Restaurant, Inc

DOING BUSINESS AS Tucker's Restaurant

ADDRESS 625 COLLEGE HIGHWAY

CITY/TOWN: SOUTHWICK

STATE: MA

ZIP CODE: 01077

MANAGER: Anderson, Michael

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

SOUTH SHORE OF NORTH POND ON CONGAMOND LAKES IN A MAIN DINING ROOM,  
ELEVEN ROOMS UPSTAIRS AND BACK ENTRANCES AND EXIT, BACK FIRE ESCAPE,  
PATIO, CELLAR USED FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 122200013

CITY OR TOWN SOUTHWICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: POINT GROVE INC.

DOING BUSINESS AS HILLTOP CAFE

ADDRESS 110-11 POINT GROVE

CITY/TOWN: SOUTHWICK

STATE: MA

ZIP CODE: 01077

MANAGER: LENIHAN,  
GERALD

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SIDE ENTRANCE AND EXITS, FIRST FLOOR OF A TWO-STORY FRAME BUILDING, FIVE ROOMS, TAP ROOM AND LOUNGE, DINING ROOM AND KITCHEN. CELLAR USED FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

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By:

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DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 122200015

CITY OR TOWN SOUTHWICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RANPAT, INC.

DOING BUSINESS AS THE SKYBOX

ADDRESS 25 POINT GROVE RD.

CITY/TOWN: SOUTHWICK

STATE: MA

ZIP CODE: 01077

MANAGER: RINDELS, RANDY TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

IN ONE STORY FRAME BUILDING, TWO ROOMS, ONE FRONT AND SIDE ENTRANCE, TWO SIDE EXITS, AND CELLAR FOR STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 122200016

CITY OR TOWN SOUTHWICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SCUDERI ENTERPRISES, INC.

DOING BUSINESS AS THE COVE

ADDRESS 90 POINT GROVE RD.

CITY/TOWN: SOUTHWICK

STATE: MA

ZIP CODE: 01077

MANAGER: SCUDERI, PATRICIA  
TYPE OF LICENSE: Restaurant  
A.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

5 ROOMS, BANQUET HALL, TAVERN, BAR, LOUNGE ON FIRST FLOOR AND PAVILION AT  
SIDE. PATIO APPROX 2616 SQ FT ABUTTING THE REST.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐  
(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 122200017

CITY OR TOWN SOUTHWICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DESMOND INC.

DOING BUSINESS AS FRANKLIN HOUSE

ADDRESS 127 CONGAMOND RD.

CITY/TOWN: SOUTHWICK

STATE: MA

ZIP CODE: 01077

MANAGER: GIRARD, ERNEST TYPE OF LICENSE: Restaurant  
A. JR.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SOUTH SIDE OF CONGAMOND ROAD, APPROXIMATELY 500' EAST OF THE RAILROAD.  
ONE ENTRANCE ON NORTH SIDE OF BUILDING, ONE PATIO, ROOM FOR STORAGE. TWO  
EXITS IN THE FRONT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:





*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 122200020

CITY OR TOWN SOUTHWICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Arkadia Diamond LLP

DOING BUSINESS AS VILLAGE PIZZA

ADDRESS 521 W/S COLLEGE HIGHWAY

CITY/TOWN: SOUTHWICK

STATE: MA

ZIP CODE: 01077

MANAGER: Diamantopoulos,  
Diamantis

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BRICK BUILDING IN VILLAGE GREEN SHOPPING PLAZA, WITH A KITCHEN, DINING ROOM AND ONE ROOM FOR STORAGE. ENTRANCE EAST AND WEST. AN ADDING AN ENCLOSED PATIO OF 489 SQ. FT. IN FRONT OF BUILDING.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 122200021

CITY OR TOWN SOUTHWICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RANSFORD W. KELLOGG POST #872 V.F.W. U.S.INC.

DOING BUSINESS A

ADDRESS 151 W/S POINT GROVE RD.

CITY/TOWN: SOUTHWICK

STATE: MA

ZIP CODE: 01077

MANAGER: FEDORA, GEORGE TYPE OF LICENSE: Veterans club F.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ALTER PREMISES TO INCLUDE TWO FLOORS FIRST HAS BAR, KITCHEN AND DANCE HALL, BASEMENT HAS VAR, LOUNGE AREA AND STORAGE (2,190 SQ. FT. SECOND FLOOR IS USED FOR STORAGE AND OFFICE SPACE-OUTSIDE PAVILLION AND KITCHEN AREA ARE ENCLOSED WITHIN A 6" FENCED SECURITY AREA (1632) SQ FT. THREE ENTRANCES ON MAIN FLOOR, TWO ENTRANCES IN BASEMENT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 122200023

CITY OR TOWN SOUTHWICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHARMAR LIQUORS INC.

DOING BUSINESS A

ADDRESS 118 CONGAMOND RD

CITY/TOWN: SOUTHWICK

STATE: MA

ZIP CODE: 01077

MANAGER: SAUNDERS, KURT TYPE OF LICENSE: Package Store CATEGORY: All Alcohol  
A.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ON THE NORTHERLY SIDE OF CONGAMOND ROAD IN A ONE- STORY MASONRY  
BUILDING, WITH TWO ROOMS, (ONE USED FOR STORAGE.) WITH NO CELLAR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 122200024

CITY OR TOWN SOUTHWICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: D.V.K.K. INC.

DOING BUSINESS AS THE OAK 'N KEG

ADDRESS 20-24 POINT GROVE RD

CITY/TOWN: SOUTHWICK

STATE: MA

ZIP CODE: 01077

MANAGER: PATEL, VIMAL

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ON THE WESTERLY SIDE OF POINT GROVE ROAD, CINDER BLOCK BUILDING WITH BRICK FRONT, TWO FLOORS, MAIN FLOOR HAS THREE ROOMS, FULL CELLAR USED FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 122200026

CITY OR TOWN SOUTHWICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SOUTHWICK PACKAGE, INC.

DOING BUSINESS A

ADDRESS 466 COLLEGE HIGHWAY

CITY/TOWN: SOUTHWICK

STATE: MA

ZIP CODE: 01077

MANAGER: BENOIT, ROBERT TYPE OF LICENSE: Package Store CATEGORY: All Alcohol  
P.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

EASTERLY SIDE OF COLLEGE HIGHWAY IN THE SOUTHWICK CENTER. ONE FLOOR AND  
ONE ROOM AND CELLAR WITH FRONT AND REAR ENTRANCES AND EXITS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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*Alcoholic Beverages Control Commission*  
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Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 122200027

CITY OR TOWN SOUTHWICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PARTHENON PIZZA RESTAURANT, INC

DOING BUSINESS AS ZANTO

ADDRESS 587 W/S COLLEGE HWY.

CITY/TOWN: SOUTHWICK

STATE: MA

ZIP CODE: 01077

MANAGER: ZANTOULIADIS, TYPE OF LICENSE: Restaurant  
SPIROS

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1300 SQ FT BLOCK BLDG, TWO EXITS, FRONT AND BACK, ONE ENTRANCE, WITH  
SEATING FOR FORTY EIGHT PEOPLE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐  
(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 122200029

CITY OR TOWN SOUTHWICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: VINEE CORP.

DOING BUSINESS AS LUCKY STOP

ADDRESS 587 COLLEGE HWY.

CITY/TOWN: SOUTHWICK

STATE: MA

ZIP CODE: 01077

MANAGER: DAVE, NITIN

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE FLOOR GENERAL STORE (1900 SQ. FT.)

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 122200032

CITY OR TOWN SOUTHWICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MDCS INC.

DOING BUSINESS A MILLIE'S COUNTRY STORE

ADDRESS 208 COLLEGE HIGHWAY

CITY/TOWN: SOUTHWICK

STATE: MA

ZIP CODE: 01077

MANAGER: MUSSELWHITE,  
ELLYN

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3674 SF WITH THREE REAR EXITS AND TWO ENTRANCES, WOOD STRUCTURE, END  
STORE IN A MINI STRIP PLAZA

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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*Alcoholic Beverages Control Commission*  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 122200034

CITY OR TOWN SOUTHWICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SCIBELLI'S MOBILE INC.

DOING BUSINESS AS

ADDRESS 600 COLLEGE HIGHWAY

CITY/TOWN: SOUTHWICK

STATE: MA

ZIP CODE: 01077

MANAGER: SCIBELLI, DANIEL TYPE OF LICENSE: Package Store  
A.

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

1272 SQ FT CONVENIENCE STORE-CORNER LOT@ 600 COLLEGE HIGHWAY, APPROX. 1.1  
ACRES WITH 4 ISLANDS OF GAS PUMPS, 1 ISLAND OF TRUCK DIESEL PUMPS, 648 SQ FT  
CAR WASH BUILDING, ENTRANCE AND EXIT ON FEEDING HILLS ROAD AND ENTRANCE  
AND EXIT ON COLLEGE HIGHWAY

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 122200035

CITY OR TOWN SOUTHWICK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE PROUD CHEF, LLC

DOING BUSINESS AS THE PROUD CHEF

ADDRESS 784 COLLEGE HIGHWAY

CITY/TOWN: SOUTHWICK

STATE: MA

ZIP CODE: 01077

MANAGER: LIONTAS,  
ARTIMISIA

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Cordials

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ON THE EASTERLY SIDE OF COLLEGE HIGHWAY, AN ENTRANCE, TWO EXITS, ONE ROOM, ONE FLOOR, AND AN ENCLOSED PATIO, 33'X24' WITH FENCE & CANOPY, TOTAL SQ. FOOTAGE OF 2094.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE: